PROBLEMS OF PREVENTION OF SOCIALLY DANGEROUS BEHAVIOR BY INDIVIDUALS WITH MENTAL DISORDERS

[1]Malakhov Andrey Vadimovich, [2]Turayev Bobir Temirpulotovich, [3]Sharapova Dilfuza Nematillayevna, [4]Shernazarov Farrukh

[1]Volgograd State Medical University, Russian Federation city of Volgograd
[2]Assistant of the department of psychiatry, medical psychology and narcology, Samarkand State Medical University, Samarkand, Republic of Uzbekistan
[3]Samarkand State Medical University Clinical Ordinator in the direction of psychiatry, Samarkand, Republic of Uzbekistan
[4]608 group students of Samarkand State Medical University Faculty of Medicine

https://doi.org/10.5281/zenodo.10229629

Abstract. *Mandatory treatment in a psychiatric hospital of a specialized type can be given to a person who requires constant monitoring of his mental state. Such hospitals include patients who have committed socially dangerous behaviors and are at great risk due to the tendency to commit new behaviors. Therefore, this category of patients undergoing compulsory treatment in hospitals is traditionally paid the most attention. A distinctive feature of a specialized type of hospital is the wider use of methods of rehabilitation work.*

Keywords: *prevention, socially dangerous actions, mental disorders, rehabilitation.*

Introduction. Prevention of the recurrence of socially dangerous actions of the mentally ill is becoming increasingly important, the main burden falls on inpatient medical organizations that provide psychiatric care, among which specialized psychiatric hospitals, where especially dangerous patients accumulate, including those who perform repeated socially dangerous actions, occupy an important place [1-5]. The particular danger of a person with severe mental illness should be understood as the possibility of committing behavior classified as extreme in the Criminal Code, as well as the systematic implementation of socially dangerous actions, despite the medical measures used in the past. In addition, individuals are sent to such hospitals whose mental state is accompanied by behavioral disorders, making it impossible to maintain and treat them without constant and intensive observation. This type of monitoring is provided by intensive monitoring by medical personnel with the participation of personnel in specialized psychiatric hospitals [6-13].

Special Studies dedicated to the study of the contingent of relapsed patients for compulsory treatment of socially dangerous actions with intensive follow-up in a small number of specialized psychiatric hospitals [14-16]. In the literature, such issues as the psychopathological mechanisms of repeated social risky actions, the assessment of the effectiveness of measures of a medical nature, the problem of preventing the extremely dangerous behavior of patients are not sufficiently covered. After discontinuing mandatory treatment, data on the number of patients who performed repeated socially dangerous behaviors vary slightly depending on the contingent of subjects, regions and the period of study [17-21].

Thus, a number of studies point out that about 70% of repeated socially dangerous actions are carried out with strict follow-up within 2 years after the cessation of mandatory treatment in the hospital. Studies, repeated socially dangerous actions were observed in 42% of patients in the first year after release from a psychiatric hospital with strict follow – up, and in the next 3 years-

in another 49% of patients. Showed that 66% of patients receiving compulsory treatment based on their data analysis performed repeated socially dangerous actions within 8 years, 40% of which occurred within the first year after discontinuation; patients with repeated social risk actions accounted for 56.6%. with strict observation [22-27].

There are different opinions on whether there is a connection between the abundance and severity of socially dangerous actions. Thus, believed that with repeated socially dangerous actions, the social risk of the patient and the severity of the act committed increase. Showed an increase in property share and a decrease in the severity of aggressive offenses, but this does not give reason to believe that the level of social risk of such patients has decreased [28-33].

Researchers, on the one hand, associate a large number of socially dangerous actions of the mentally ill with the imperfection and lack of secondary preventive measures, on the other hand, they show the effect of pathomorphosis of mental disorders, changes in the clinical and social characteristics of mental patients who carry out risky behavior, which requires an appropriate restructuring of the organizational structure. psychiatric hospitals specializing in intensive surveillance [34]. Identifying the reasons for the inefficiency of compulsory treatment, a number of authors [35] noted deficiencies in the organization of inpatient and dispensary units of psychiatric care, difficulties in conducting the necessary socio-rehabilitation measures [36].

A multi-year study of the influence of certain psychopathological syndromes on the formation of dangerous trends in mental patients made it possible to distinguish a number of the most criminogens. Most researchers [37] concluded that negative and psychopathic-like symptoms play a leading role in the emergence of persistent social trends that help to carry out repeated socially dangerous actions. In addition to the study of certain nosological forms and symptom complexes, great attention was paid to various factors that can be characterized as conditions for the implementation of socially dangerous actions. Thus, according to many researchers, premorbid personal characteristics (characteristic and socio-psychological) are of great importance in the genesis of social risk [38-42].

Mandatory treatment in a psychiatric hospital of a specialized type can be given to a person who requires constant monitoring of his mental state. Such hospitals include patients who have committed socially dangerous behaviors and are at great risk due to the tendency to commit new behaviors. Therefore, this category of patients undergoing compulsory treatment in hospitals is traditionally given the greatest attention [43-45]. A distinctive feature of a specialized type of hospital is the wider use of methods of rehabilitation work. It should be borne in mind that patients who commit socially dangerous behavior, the data obtained indicate that rehabilitation, in principle, presents significant difficulties in the implementation of drug therapy, social and labor adaptation and rehabilitation. These properties determine the need for a more individual and at the same time maximum integrated approach to therapeutic and restorative measures [46-48]. The duration of this type of inpatient treatment is quite long, and the necessary condition for canceling a specialized type of treatment is to reduce the social risk of patients, which should have very specific criteria. The prognosis of the behavior of patients after the end of compulsory treatment and the degree of their social danger are directly related to the entire complex of socio-personal and clinical-psychopathological characteristics, the study of which is of great importance in various aspects [49, 50].

The purpose of the study: to study the effectiveness of prevention of socially dangerous behavior among psychoneurological dispensary patients, the nosological characteristics of patients

who commit socially dangerous behavior (including repeatedly), their commitment to treatment, the severity of socially dangerous actions to improve methods of prevention of socially dangerous actions, treatment and socialization of individuals with mental disorders.

Research materials and methods: analysis of statistical Form No. 36 - mandatory treatment "information on the contingents of patients with mental disorders under the supervision of an active dispensary and in mandatory treatment" and 100 medical records of outpatient patients of a psychoneurological dispensary standing for active dispensary supervision and outpatient mandatory supervision and treatment, socially dangerous actions. Clinical-psychopathological, clinical-dynamic, clinical-catamnestic and experimental-psychological. For systematization and statistical processing of the results obtained, a specially developed map and a software package SPSS 11.5 were used. To assess reliable differences, a statistical analysis of the results of the study was carried out using the student's t-criterion. A correlation analysis was carried out to assess the direction and severity of the relationship between quantitative signs.

Research results and discussion. At the end of 2020, 167 people were under active dispensary surveillance, of which 148 had committed socially dangerous behaviors during their lifetime, and 11 had socially dangerous behaviors during the reporting year. In the current 2021 reporting year, 44 people were taken under active dispensary surveillance, 34 were removed (20 of them due to a decrease in public risk). Schizophrenia spectrum disorders 62,3% (104 people), non – psychotic mental disorders 16,2% (27 people), mental retardation 14,4% (24 people), Substance Use Disorder-0.6% (1 person).

At the end of 2020, there were 24 people for outpatient follow-up and treatment. Of these, 16 were admitted for outpatient mandatory follow-up and treatment in 2021 (12 of them after mandatory hospital treatment). Outpatient mandatory follow-up and treatment was stopped in 13 cases, 11 of which were in connection with the end of treatment, 2 in connection with the change in mandatory treatment. Schizophrenia spectrum disorders 58% (14 people), non-psychotic mental disorders 20,8% (5 people), and similar mental retardation 20,8% (5).

Based on the studied medical records of outpatient patients, it was found that among patients who committed socially dangerous behavior, 25% of women, 75% of men, were between the ages of 14 and 59. Most often, 30% of socially dangerous actions occur between the ages of 20 and 29. Patients who commit socially dangerous behaviors include schizophrenia spectrum disorders (F20-F28) 68%, organic disorders (F00 – f09)-18%, mental retardation (F70 – F79)-9%, puberty personality and behavior disorders (F60 – f69)-3%. The average duration for active dispensary follow-up and outpatient mandatory follow-up and treatment is about 10 years.

Distribution of crimes committed by severity: especially serious crimes – 9%; serious crimes – 25%; average weight – 21%; light weight-44%. Socially dangerous behaviors include: aggravated assault, murder, rape, drug distribution and use, Theft, Robbery, defamation of law enforcement, and acts of bullying.

Among patients with schizophrenia spectrum disorders, acute crimes – 14%, serious crimes – 14%, moderate crimes – 22%, mild crimes-50% were committed. Patients with organic diseases committed 60%, average weight 20%, light weight 20% serious crimes.

Among mentally ill patients, 1 person committed a serious crime, the average weight is 1 person, the light weight is 1 person. In adulthood, one of the patients with personality and behavior disorders committed a serious crime.

When studying the current clinical condition of patients, 50% of people are in remission, in an unstable state (frequent hospitalization, more than once a year) – 28%, in a state of compensation – 12%, in violation of the observation regime – 9%. Among all patients, 16% adhere, 84% do not commit. 75% of patients committed to treatment are people who suffer from schizophrenia spectrum disorders and 25% are people who suffer from personality and behavior disorders, such as adults. Individuals with organic diseases and mental retardation are not committed to treatment. According to data from outpatient cards, at the moment it was found that for active dispensary observation – 65, for outpatient mandatory observation and treatment – 9%, for compulsory treatment – 9%, in connection with the constant improvement of the situation, it was transferred to the dispensary account – 6%. 9% changed medical mandatory measures to outpatient supervision and treatment, but patients did not show up for an appointment. According to paragraph 35 of art. Section 12 of the" Police Act " sent a petition to the district police departments to assist in the search for these persons and to assist in the enforcement of the judgment mandatory measures of a medical nature, but no active actions were taken by the police. Despite active monitoring and treatment, 13% of patients performed repeated socially dangerous behaviors, 75% of whom are individuals with schizophrenia spectrum disorders. Thus, additional attention should be paid to patients with schizophrenia spectrum disorders aged 20-29 years in the sponsorship of persons under mandatory observation and treatment and active dispensary supervision in an outpatient setting. The existing system of treatment, prevention and subsequent socialization of individuals who commit socially dangerous behavior in society requires updating, as well as improving the interaction of the neuropsychiatric dispensary with police departments.
Analysis of the social relationships of patients revealed their uniqueness. The characteristics of relationships in the micro environment and microsocial environment showed that social circles were very narrow in half of patients before the occurrence of socially dangerous actions and were limited only to the nearest environment among relatives, another 47% noted the absence of stable social ties and the limitation of social circle by random companies based on alcohol consumption. At the time of the violation, 78.9% of patients had regular or occasional alcohol abuse, with 11.5% using drugs. In a large part of the observations, alcoholism occurred even before the onset of mental illness. It should be added that alcohol, even when used once, played a certain provocative role in the implementation of socially dangerous actions. 61.5% of those tested at the time of the violation were intoxicated, including individuals who were not prone to regular alcohol use.

Analysis of the nosological structure of those examined showed a significant predominance of patients with schizophrenia (44,2 %), followed by mental retardation (34,6 %), followed by organic brain diseases (9,6 %), the remaining nosological forms are much less common.

75% of the nature of the disease was continuous with progressive dynamics. Psychopathic-like and psychorganic syndromes (52%) predominated, while hallucinator bred syndromes (34,6%) were very common, but they were mostly observed in primary patients socially dangerous actions.

An analysis of the nature of socially dangerous behavior in which patients were being forcibly treated showed that 36,5% committed extreme acts (murder, attempted murder, inflicting fatal severe bodily injuries). Less severe aggressive offenses (health damage, beatings, and threat of murder) accounted for 19,1%. Property and others are not heavy-2.3%. Psychopathological mechanisms of socially dangerous behavior were found to be negative-personal in 59,6% of patients examined. Among them stood out situationally provoked actions (58,5%) associated with

a real stimulating situation (emotional uncontrollability, intellectual incompetence, increased supply and subordination). The most common variant of situational-induced dangerous behavior of the mentally ill was the psychopathological mechanism of "emotional uncontrollability" – violations associated with inability to control affect. Effective psychotic mechanisms with Delusional motivation have also been frequently reported (32,7 %), but they have been observed mainly during primary social risk actions. Among the entire contingent of patients examined, the recurrence of socially dangerous actions was 46.2% (of which 30.8% had committed property offenses in the past). Additionally, 15.4% of patients reported 2 socially dangerous behaviors, 11,5% reported 3 socially dangerous behaviors, and others.

Most patients with repeated violations have a short (6 to 18 months) mandatory treatment due to previous socially dangerous actions. Of these, 17,3 percent were in a general type inpatient, 11,5 percent in a specialized and 9.6 percent in an intensive-follow specialized psychiatric hospital. The duration of the period between the cessation of compulsory treatment and the new socially dangerous movements (relapse interval) often turned out to be very short. 17,3% of patients performed repeated socially dangerous actions throughout the year. 13,5% - in the first 3 years.

A study of the nature of outpatient observation of patients showed that 23.1% did not visit the psychoneurological dispensary (PND) at all (mainly with primary offenses) before socially dangerous actions were committed. Basically, patients did not visit the dispensary regularly and did not take independent initiative in this regard, but looked around at the call or request of relatives. At the same time, about 1/3 of patients did not receive any treatment for 6 months before torture, 1/3 took psychotropic drugs from time to time only when their condition worsened, and a small part of the entire contingent before torture took medication regularly treatment.

Of interest is the nature of the relationship between the duration of the recurrence interval of socially dangerous behavior and the nature of the medical measure. Our data shows that there is no clear relationship between patients with various types of mandatory treatment and its duration. The main reasons for the lack of mandatory treatment effectiveness are: an extremely persistent personality disorder that does not respond to the effects of treatment and rehabilitation, an asocial stereotype of behavior and the effect of an asocial environment in which the patient returns after mandatory treatment.

Relapse is believed to be socially dangerous actions associated with insufficient effectiveness of mandatory treatment for up to a year after discharge. In our case, it was ineffective compared to 17,3% of patients, and it should be said that the effectiveness of a psychoneurological dispensary is insufficient compared to other patients with repeated socially dangerous behaviors. The characteristics of the behavior of patients and the characteristics of their mental state during the period of forced treatment are important in predicting their social risk. During the examination period, the mental state of patients was 42,3% stable and orderly, against the background of treatment, and only 23,1% recorded periodic exacerbations. Only 34,7% of the regime's violations were allowed, mostly (21,2 %) solitary and non-gross.

The features of introducing patients into rehabilitation measures are of great importance when assessing the prognosis of socially dangerous behavior of patients after the end of mandatory treatment in a specialized type of hospital. Social rehabilitation events involved 98.1% of patients undergoing compulsory hospital treatment, of which 42.3% participated in social skills training; in combined methods (social skills training, psycho-education and communication skills training)

– 36,5%; 19,2% in social skills training and other rehabilitation methods. 59,6% of patients participated in labor processes.

Basically, patients took an official part in rehabilitation activities, but 34,6% of patients took part with interest. The main goals of the rehabilitation work were: to form an attitude towards a healthy lifestyle in the patient, to adapt patients to living outside the hospital, to help develop a positive attitude towards treatment, to teach them to correctly deal with conflict situations.

Psychosocial rehabilitation has a step-by-step structure: from training patients in practical skills to a psycho-educational program and individual psych correction, which helps to develop the correct installation for living outside the hospital. The identification of the patient's problem and methods of their solution is carried out individually. The variety of forms and methods helps to cover a wide range of patients ' problems. Teaching social skills provides an opportunity to acquire the practical skills necessary in everyday life. Solving housing problems, passports, registration of pensions and benefits will help patients realize that they do not violate their rights, but are full members of society. Training conducted by a psychologist helps to develop a positive attitude towards treatment, a sober lifestyle and behavior in general. After discharge on the issues that have arisen, patients turn to department specialists who receive qualified assistance and assistance.

Conclusion. Thus, when assessing the prognosis of repeated socially dangerous behavior in the discharge of patients from a hospital of a specialized type, it is necessary to take into account the totality of socio-personal and clinical-psychopathological characteristics. In addition, as risk factors, the most important are: negative premorbid characteristics formed as a result of a violation of the structure and function of the nuclear parent family; the social status of patients-their professional, labor and family adaptation, unfavorable microsocial environment and the loss of stable social ties; lack of contact with relatives; situational factors in the form of increased alcoholism of patients; lack of dynamic observation in a psychiatrist at the place of residence; predominance of negative-personal mechanisms in the composition of the disease and psychopathic-like changes with a constant procreative course. During the period of compulsory treatment, an unstable mental state and a tendency to disrupt the regime should also be taken into account.

Particular attention should be paid to the criteria for joining rehabilitation measures, since experience shows that the faster patients are included in rehabilitation measures, the more often they spend the entire period of mandatory treatment without disrupting the regime. Such patients are critical of their illegal behavior, which helps to increase the level of their adequate behavior after treatment.

Determining the dependence of crime violence on nosology, the type of surveillance in the neuropsychiatric dispensary, the patient's commitment to treatment and the Prevention of socially dangerous actions at this stage, is important for the treatment and socialization of people with mental disorders. This determines the need to seek an effective solution to these problems.

REFERENCES

1. Shernazarov Farrukh ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE // SAI. 2023. №Special Issue 8. URL: https://cyberleninka.ru/article/n/organization-of-digitalized-medicine-and-health-academy-and-its-significance-in-medicine (дата обращения: 20.11.2023).

2. Temirpulatovich T. B., Uzokboyevich T. A. Effects of exogenous psychological effects on alcohol consumption during the covid-19 pandemic //Web of Scientist: International Scientific Research Journal. – 2023. – T. 4. – №. 1. – C. 157-161.
3. Temirpulatovich, T.B. 2023. Crisis Behavior in Anxiety-Depressive Disorders in Alcoholic Patients after the Covid-19 Pandemic. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 23–27.
4. Temirpulatovich, T.B. 2023. Laboratory Changes in Chronic Alcohol Abusers in Postcovid Syndrome. Scholastic: Journal of Natural and Medical Education. 2, 7 (Jul. 2023), 55–64.
5. Temirpulotovich T. B. Effects of social factors in children with anxiety-phobic disorders //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 10. – C. 35-41.
6. Temirpulotovich T. B. et al. The Impact Of Medical And Social Factors On Alcohol Abuse In Patients With Alcoholism During The Covid-19 Pandemic //Journal of Pharmaceutical Negative Results. – 2022. – C. 8195-8200.
7. Temirpulotovich T. B. Somatoform variant post-traumatic stress disorder //Journal of healthcare and life-science research. – 2023. – T. 2. – №. 9. – C. 45-52.
8. Turaev B. the course of the disease during the covid-19 pandemic in patients with alcoholism //Science and innovation. – 2022. – T. 1. – №. D8. – C. 130-134.
9. Turaev B., Velilyaeva A. Formation and course of alcoholism in young women with alcoholic psychosis //Eurasian Journal of Medical and Natural Sciences. – 2022. – T. 2. – №. 6. – C. 226-232.
10. Turaev Bobir Temirpulatovich 2023. Socio-demographic, personal and clinical characteristics of relatives of alcoholism patients. Iqro jurnali. 1, 2 (Feb. 2023), 685–694.
11. Turaev Bobir Temirpulatovich 2023. Ways to prevent negative disorders in schizophrenia. Iqro jurnali. 1, 2 (Feb. 2023), 35–44.
12. Turaev Bobir Temirpulatovich,Kholmurodova Hulkar Holierovna,Ochilova Nigina Ulug'bek qizi. Prevalence of borderline personality disorder among people addicted to alcohol and drugs. Iqro jurnali. 2, 2 (Apr. 2023), 395–400.
13. Turaev Bobir Temirpulatovich,Ochilova Nigina Ulug'bek qizi. "Study of the dominant signs of a manifest attack of schizophrenia with the use of psychoactive substances". Iqro jurnali, vol. 2, no. 2, Apr. 2023, pp. 388-94.
14. Turaev Bobir Temirpulatovich. "Clinical manifestations of anxiety depressions with endogenous genesis". Iqro jurnali, vol. 1, no. 2, Feb. 2023, pp. 45-54,
15. Turchaninova V. N. et al. Formation of rehabilitation motivation in the conditions of the medical and rehabilitation department of a psychiatric hospital //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 82-89.
16. Turchaninova V. N. et al. Opportunities for comprehensive psychometric assessment of anxiety states in late-age dementia //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 90-96.
17. Turgunboyev Anvar Uzokboyevich, Turaev Bobir Temirpulatovich, Kholmurodova Hulkar Holierovna 2023. Clinical and psychological analysis of the risk of second admission of patients with psychoses of the schizophrenia spectrum to a psychiatric hospital. Iqro jurnali. 2, 2 (Apr. 2023), 380–387.
18. Usmanovich O. U. et al. Detection of adrenaline and stress conditions in patients using psychoactive substances with hiv infection //CUTTING EDGESCIENCE. – 2020. – C. 42.

19. Usmanovich O. U. et al. The main forms of aggressive manifestations in the clinic of mental disorders of children and adolescents and factors affecting their occurrence //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 42-48.
20. Usmonovich, O.U. and Temirpulatovich, T.B. 2023. The influence of the presence of mentally ill children in the family on the psyche of parents. Journal of education, ethics and value. 2, 8 (Aug. 2023), 68–75.
21. Vadimovich A. S. et al. Association of dopaminergic receptors of peripheral blood lymphocytes with a risk of developing antipsychotic extrapyramidal diseases //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 29-35.
22. Viktorovna B. Y. et al. Concomitant mental disorders and social functioning of adults with high-functioning autism/asperger syndrome //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 36-41.
23. Vladimirovna S. M. et al. Basic principles of organizing gerontopsychiatric assistance and their advantages //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 63-69.
24. Vladimirovna S. M. et al. Features of primary and secondary cognitive functions characteristic of dementia with delirium //Science and Innovation. – 2023. – T. 2. – №. 11. – C. 56-62.
25. Xushvaktova Dilnoza Hamidullayevna,Turaev Bobir Temirpulatovich 2023. Clinical and psychological features of alcoholism patients with suicidal behavior. iqro jurnali. 1, 2 (Feb. 2023), 711–720.
26. Xushvaktova Dilnoza Hamidullayevna,Turaev Bobir Temirpulatovich 2023. Factors of pathomorphosis of alcoholic delirium. Iqro jurnali. 1, 2 (Feb. 2023), 721–729.
27. Очилов У. У., Тураев Б. Т., Жумагелдиев Н. Н. Особенности формирования и течения алкоголизма у лиц с акцентуациями характера и личностными расстройствами //Вестник науки и образования. – 2020. – №. 10-4 (88). – С. 101-103.